	EXHIBIT
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Long Hollow Family Practice, P.C.

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Re: 3500 webster

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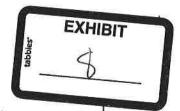
EXHIBIT

Certification of Health Care Provider for Family Member's Serious Health Condition (Family and Medical Leave Act)

U.S. Department of Labor Wage and Hour Division

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RECTION III. For Completion by the HEALTH CARE PROVIDER

INSTRUCTIONS to the HEALTH CARE PROVIDER: The employee listed above has requested leave under the PMLA to care for your patient. Answer, fully and completely, all applicable parts below. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine FMLA coverage. Limit your responses to the condition for which the patient needs leave. Page 3 provides space for additional information, should you need it. Please be sure to sign the form on the last page.

Provides and you need it. Please be sure to sign the form on the last page.	igl
Provider's name and business address: Jeongie Sunfero 450 Polission	
Wichight Specialty: 1-Co. 1	
A DISTURBING TO THE COLUMN TO	
PARTA MEDICAL PACTS	670
1. Approximate date condition commenced.	
Probable duration of condition: Removent life long	
Was the patient admitted for an overnight stay in a hospital, hospice, or residential medical care facility? NoYes. If so, dates of admission:	
Date(s) you treated the patient for condition: 10-2-18 11-8-18 11-38-18	
Was medication, other than over-the-counter medication, prescribed?NoYes.	
Will the patient need to have treatment visits at least twice per year due to the condition?NoYes	
No Yes. If so, state the nature of such treatments and are physical therapist)?	
Repeat disactor and in the annual of treatment;	
TOTALING DOIS	EPOL,
No Yes, If so, expected delivery date.	-
Describe other relevant medical facts, if any, related to the condition for which the patient needs care (such specialized equipment):	-
5 Usion and bearing loss due to its	200
ILa and Pelated Disorders. 5h	
planentosa, trang 1055	
and onxel	. ot
Case 3:20-cv-00685 Epeument 1-8 Filed 08/10/20 Page 5 of 9 Page 1 1/2	000

EXHIBIT
DARLED ANOUNT OF CARE NEEDED: When answering these questions, keep in the case by the employee seeking leave may include assistance with basic medical, hygienic, nutritional, safety of the patient be incapacitated for a single continuous and care;
Commovation and over scoking leave may include projection these questions, keep in
transpondition needs of the provision of physical or psychological care; Will the patient be incapacitated for a single or psychological care;
Yes Yes
Estimate the beginning and ending dates for the period of incapacity: 11-2-18 to 11-20-18
During this time, will the patient need care? No ves. Prevented During the care needed by the patient.
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Total and and and and and and are
to to the up treatments including and the
Betimate treatment schedule, if any, including the dates of any scheduled appointments and the time required for
Of actioning any recovery period:
Explain the care needed by the nations and the fact follows persons every 6
The Day of the Day of the Company
No Yes. No Yes.
Bettern any time for recovery?
Hatimate the hours the patient needs care on an intermittent basis, if any:
hour(s) per day; days per week from 10
Suplain the care needed by the patient, and why such care is medically necessary:
Simple aports for all continue
The conditions

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